

PATENT NUMBER

<p>O.I.P.E.</p> <p>AK</p> <p>SCANNED TRI O.A. Am</p>	<p>PATENT DATE</p>
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APPLICATION NO. 09/960449	CONT/PRIOR D	CLASS 424	SUBCLASS 443	ART UNIT 1615	EXAMINER GHALI
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## Spray hydrogel wound dressings

PTO-204  
12/09[illegible]

<input type="checkbox"/> <b>TERMINAL DISCLAIMER</b>	<b>DRAWINGS</b>			<b>CLAIMS ALLOWED</b>	
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.	_____ (Assistant Examiner) (Date)			<b>NOTICE OF ALLOWANCE MAILED</b>	
<input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____ _____ _____	_____ (Primary Examiner) (Date)			<b>ISSUE FEE</b>	
				Amount Due	Date Paid
<input type="checkbox"/> The terminal _____ months of this patent have been disclaimed.	_____ (Legal Instruments Examiner) (Date)			<b>ISSUE BATCH NUMBER</b>	
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